F 39R EF000088 05-24-13

IDAHO SUPPLEMENTAL SCHEDULE

For Form 40, Resident Returns Only

me(s)	as shown on return	Soc	ial Security Number	
	dditions. See instructions, page 19.			
1	Federal net operating loss carryover included in Form 40, line 7	1	1,537,421,305	0
2	Capital loss carryover incurred outside the state before becoming an Idaho resident	2	2,740,448	C
3	Non-Idaho state and local bond interest and dividends	3	93,914,616	(
4	Idaho college savings account withdrawal	4	461,951	1
5	Bonus depreciation. Include computations	5	135,686,867	
6	Other additions. Include explanation	6	62,201,830	+
7	Total additions. Add lines 1 through 6. Enter here and on Form 40, line 8	7	1,832,427,017	+-
S	ubtractions. See instructions, page 19.			
	Idaho net operating loss carryover <u>•1,705,501,502</u>			
Ċ	Idaho net operating loss carryback <u>•0</u> Enter total here	1	1,705,501,502	1
2	State income tax refund if included in federal income	2	92,126,768	+~
3			15,733,442	
4		4	20,459,698	+
	Alternative energy devices deduction			
	Year			
	Acquired Type of Device Total Cost Percent			
	a. 2013 \$ X 40% = 5a 00	1		
	b. 2012 \$ X 20% = 5b 00			
	c. 2011 \$ X 20% = 5c 00			
	d. 2010 \$ X 20% = 5d 00		and the Report	
	e. Add lines 5a through 5d. Can't exceed \$5,000	5e	5,462,821	T
6	Child/dependent care. Include federal Form 2441	6	66,442,382	t
	Social security and railroad benefits, if included in federal income	7	1,076,707,113	_
	Retirement benefits deduction. Complete Part C	8	270,021,399	Т
9		9	818,286	+-
	Idaho capital gains deduction. Include Form CG	10	293,645,551	t
	Active duty military pay earned outside of Idaho	11	144,652,993	+
	Adoption expenses	12	446,592	+
13	Idaho medical savings account. Contributions Interest	12	440,002	t
10	Financial institution Account number	13	12,514,622	
14	Idaho college savings program	F-	25,728,302	+-
15	Maintaining a home for the aged and/or developmentally disabled			+
	Idaho lottery winnings, less than \$600 per prize	-	282,034	+
	Income earned on a reservation by an American Indian	17	0	t
	Health insurance premiums	18	384,195,570	╁╌
	Long-term care insurance	19	24,008,586	+
	Worker's compensation insurance	20	0	1-
	Bonus depreciation. Include computations	21	66,673,896	-
	Other subtractions. Include explanation	├ ─	44,534,321	-
	Total subtractions. Add lines 1 through 4 and 5e through 22.			T
	Enter here and on Form 40, line 10	23	4,250,297,098	
R	etirement Benefits Deduction. See instructions, page 24, for qualified retirement benef	its.		
		200000		
		- 3723		
		- 255		
4		_00000		
5		0.00000000	I	F
ĸ	Enter the smaller of line 4 or 5 here and on Part B, line 8	6		

0	а	a	e	2

Form 39R - 2013 EF000088	p2 05-24-13						Pa	ge 2
Name(s) as shown on return IDAHO						Social S	ecurity Number	
D. Credit for Income Ta	x Paid to Other States	. See instructions, pag	je 24.					
This credit is being clair	med for taxes paid to: •_			(State na	ame)			
1. Idaho tax, Form 40,	line 20		. [1]		00			
	oss income earned in other					Include a copy of the income tax return and a		
Idaho modifications.	See instructions					1	rate Form 39R for state for which a	
	ne. See instructions				00		claimed.	
4. Divide line 2 by line	3. Enter percentage here		. 4		<u>%</u>	F		00
5. Multiply line 1 by line	e 4. Enter amount here e less its income tax credits					6		00
6. Other state's tax due	e less its income tax credits	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		• • • • • • • • • • • • • • • • • • • •				00
7. Enter the smaller of	lines 5 or 6 here and on Fo	orm 40, line 22				7	59,567,759	00
E. Credits for Contribu	itions to Idaho Educati Organ Donation Expen			ehabilita	ation			
Credit for contributio	ns to Idaho educational en	tities	******			1	7,369,655	00
	ns to Idaho youth and reha						7,745,301	00
3. Credit for live organ	donation expenses				•	3	18,870	00
4 Total credite Add lin	nes 1 through 3. Enter tota	here and on Form 40 line	23			4	15,133,826	00
F. Maintaining a Home						ł	10,100,020	ł
provide more than o 3. List each family men	ne-half of his/her support? nber you are claiming:	You and your spouse may	qualify			Yes	No Check here	a if
Name of F First Name	amily Member Last Name	Social Security Number of Family Member		Relationship to Person Filing Return		ate of Birth of mily Member	developmen	tally
	To a series of the series of t							
Enter here and on F	d (\$100 for each qualifying orm 40, line 43. (Credit ca	nnot be claimed if you tool	k \$1,000 ded		4		730,198	00
G. Dependents: (Con	tinued from Form 40, _I	page 1, Line 6c)						
First Name		Last Name				Social S	Security Number	
						1	1	
						!	!	
							1	
				····				
						1	1	
					+	<u> </u>	<u> </u>	
						!	1	